

Hospital Discussion Guide

For Pandemic Influenza Planning

Prepared for
Healthcare Preparedness Activity
Division of Strategic National Stockpile
Centers for Disease Control and Prevention

By Oak Ridge Institute for Science and Education

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The Oak Ridge Institute for Science and Education (ORISE) is a U.S. Department of Energy (DOE) institute focusing on scientific initiatives to research health risks from occupational hazards, assess environmental cleanup, respond to radiation medical emergencies, support national security and emergency preparedness, and educate the next generation of scientists.

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The findings and conclusions in this document are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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OVERVIEW

Planning for an influenza pandemic is an ongoing process involving many individuals from many public health, healthcare, and emergency response agencies at the federal, state, and community levels. It involves continuous research on and incorporation of lessons learned from actual responses to influenza pandemics and other public health emergencies, simulated exercises and drills, and issues identified in facilitated group discussions. This Hospital Discussion Guide focuses on these group discussions.

TARGET AUDIENCE

This discussion is designed for a community hospital, with the focus being on those personnel within the hospital for whom pandemic influenza preparedness or response planning is a job responsibility.

OBJECTIVES

The objectives of this discussion guide are, through group discussion, to:

- Identify issues associated with response capabilities and resource availability of community hospitals when responding to an influenza pandemic
- Develop strategies to address these issues

Flowing from these two objectives is a third objective, which is to incorporate identified strategies into a community hospital's pandemic influenza preparedness or response plans. This objective is to be accomplished outside of the scope of this discussion guide by those who have oversight and management responsibilities for these plans.

HOW TO USE THIS TOOL

This document is an activity-based discussion guide, with that activity being a facilitated discussion of a community's current pandemic influenza planning efforts. The activity is designed for a small participant group (8 to 12 people). Prior to starting the activity, a facilitator should be selected to coordinate and lead the discussion using the pandemic influenza scenario (on page 7) and sets of situation-based questions provided within this guide (on page 9).

Discussion questions are based on situations that are divided into two categories: response capabilities and resource availability. It is recommended that participants review and discuss at least three to four sets of situation-based questions, which should take approximately 45 minutes to complete. In addition, the facilitator should prioritize the discussion questions according to the group's needs. (It is recommended that at least two sets of questions from the Response Capabilities category and two sets from the Resource Availability category be selected for discussion.)

Please note that:

- The facilitator and participants work through the situations and corresponding sets of questions they *select* for discussion. It is not required to address all of them or to address them in any specific order.
- A note taker should be appointed to record discussions during the activity and, in particular, document any planning or preparation issues that arise from discussions. (These meeting notes are for compiling a meeting report discussed in "Next Steps" on page 23.)
- The time required to complete discussions varies depending on the number of situations that the group *selects* and addresses. The one-hour time frame is only a suggestion.
- More than one session can be scheduled to address additional situations and questions.

The facilitator chooses which of the following options is more appropriate for the group *prior* to the day of the activity. The two options are:

1. Distribute the *selected* situations and corresponding discussion questions to participants one or two weeks beforehand and instruct them to bring their completed responses to the meeting. This option provides participants the opportunity to get a head start on the discussion questions and to delve deeper into the known gaps and issues prior to the meeting.
2. Do not distribute the *selected* situations and corresponding discussion questions to participants prior to the activity. Instead, use the session to identify and assess current gaps in planning. This option may require a follow-up session to complete all discussion questions.

BENEFITS

This guide helps participants identify issues, strengths, and weaknesses associated with response capabilities and resource availability for their hospital(s) when responding to an influenza pandemic. Moreover, it provides insight into the hospital's response to a public health emergency, including communicating and coordinating with other agencies, departments, or organizations. It also provides a venue for developing strategies to address the issues and weaknesses identified during the activity.

RECORDKEEPING

To maximize the benefits of this discussion guide, follow good recordkeeping practices (e.g., note taking or audio recording) to document the group discussions. While the group discussions themselves are beneficial, the corrective and improvement actions taken as a result of these discussions provide the greater benefit. A detailed record of group discussions leads to a more detailed corrective/improvement action plan. Therefore, it is important to appoint a note taker (or determine another method of recordkeeping) prior to the facilitated discussion activity.

HSEEP

Some communities with larger preparedness goals may take an optional step of ensuring that the facilitated discussions are incorporated into their multi-year training and exercise plans and implemented following the Homeland Security Exercise and Evaluation Program (HSEEP) guidelines.

HSEEP is a capabilities- and performance-based exercise program. Its intent is to provide program guidance for a standardized national exercise policy. HSEEP includes consistent terminology that can be used by all exercise planners, regardless of the nature and composition of their sponsoring agency or organization. This program helps organizations obtain objective assessments of their capabilities so that gaps, deficiencies, and vulnerabilities are identified and remedied prior to a real emergency.

To use this Discussion Guide as part of a discussion-based exercise tailored to follow the HSEEP Program guidelines as part of an overall preparedness program, please refer to https://hseep.dhs.gov/pages/1001_About.aspx. This link provides general information concerning HSEEP terminology, methodology, and compliance guidelines.

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FACILITATOR'S GUIDE

There are several tasks the facilitator must complete prior to the group activity, as shown in the checklist below.

Pre-Activity Facilitator Checklist	
Task	Completed?
1. Review this Hospital Discussion Guide.	<input type="checkbox"/> Yes
2. Determine the date, time, and location for the facilitated activity.	<input type="checkbox"/> Yes
3. Identify activity participants.	<input type="checkbox"/> Yes
4. Send invitations to all activity participants.	<input type="checkbox"/> Yes
5. Appoint a note taker to record discussions during the activity and, in particular, document any planning or preparation issues that arise from discussions. (These meeting notes are for compiling a meeting report discussed in "Next Steps" on page 23.)	<input type="checkbox"/> Yes
6. Determine which of the two options for conducting discussion (described on page 2) best fits the group's needs.	<input type="checkbox"/> Yes
7. Prioritize the discussion questions (on page 9 of this guide) according to the group's needs. (It is recommended that at least two sets of questions from the Response Capabilities category and two sets from the Resource Availability category be selected for discussion.)	<input type="checkbox"/> Yes
8. Prepare an attendance sheet, including contact information for all participants.	<input type="checkbox"/> Yes
9. Prepare copies of handouts (the agenda, scenario, and list of questions) for all participants. (If the second option for facilitated discussion is to be used, please provide questions to participants in advance.)	<input type="checkbox"/> Yes
10. Assemble necessary supplies for the activity (e.g., paper, pens, and large index cards).	<input type="checkbox"/> Yes
11. Determine your ground rules for managing the discussion. Examples of ground rules are: <ul style="list-style-type: none"> a. Request participants to avoid crosstalk. b. Set time limits for discussion of each question. c. Request participants to speak in turn only. 	<input type="checkbox"/> Yes

Once these tasks are complete, gather the participants together and facilitate the group activity. As stated in the *Overview* section, this activity should last approximately one hour. To keep to this allotted time, follow the timeframes suggested below.

Suggested Agenda	
Step 1: Opening (5 minutes)	<ul style="list-style-type: none"> • Welcome – Greet all participants. • Introductions – Have the participants introduce themselves to the group. • Overview – Introduce the activity to the participants, including its objectives (on page 1 of this guide). • Ground Rules – Review your ground rules with the participants. • "Housekeeping" – Ask participants to turn off pagers and cell phones. Inform participants of the locations of restrooms and emergency exits. • Appoint a note taker (if not already done). • Questions? – Ask if there are any questions before beginning. Answer them, as appropriate.
Step 2: Scenario Presentation (2 minutes)	<ul style="list-style-type: none"> • Hand out copies of the scenario (from page 7). • Read or choose a group member to read aloud while others follow along. • Ask if there are any questions. Answer them, as appropriate.
Step 3: Facilitated Discussion (40 to 45 minutes)	<ul style="list-style-type: none"> • Present a selected situation and its corresponding questions to the group. • Ask the participants to jot down thoughts or ideas on the situation and corresponding questions on a large index card. Ask them to include any questions they have about the topic. • Lead the group through discussion on the situation and corresponding questions. Encourage them to answer the questions to the best of their ability, identify issues, and offer solutions (strategies) to the issues. • Repeat these steps until all questions are discussed or until the allotted time elapses.
Step 4: Conclusion (5 to 10 minutes)	<ul style="list-style-type: none"> • Remind the participants of the objectives of the activity. • Allow each participant to briefly share thoughts (for example, things they learned) about the activity. • Schedule follow-up activities/meetings, as necessary. • Thank the participants for the attendance and contributions. • Collect index cards and other sources of meeting information.

Following the meeting, the facilitator compiles meeting notes (from the note taker and the index cards) as quickly as feasible and distributes them to all participants.

SCENARIO

Instructions: As we begin our facilitated discussion, please read the following scenario quietly to yourself as it is being narrated to the group. After you finish reading it, please direct any questions to your facilitator.

A novel (i.e., new) influenza virus was recently detected in the United States. Working with several states, the Centers for Disease Control and Prevention (CDC) quickly determined that the virus is spreading from person to person.

Experts state that, from their observations, the virus spreads in the same way that seasonal influenza viruses spread—primarily through the coughs and sneezes of people who are sick with the virus. Similar to seasonal influenza, the virus also may spread by individuals' touching infected objects and then touching their nose, mouth, or eyes.

There is concern that the virus may be more severe than what is usually observed in seasonal influenza. News media outlets are reporting several hospitalized cases in their communities thus far, all with the suspected influenza virus. These hospitalized cases concern medical experts who fear the potential severity of illness that could be observed in populations who do not have immunity to the pandemic virus. Of specific concern would be children <5 years old, seniors ≥65 years, and those who have chronic medical conditions such as asthma.

Through your information sources, you are hearing that CDC is concerned that novel influenza virus infection will continue to spread in the United States for the next six months and CDC is getting ready to activate its Emergency Operations Center (EOC). You also are hearing that the United States Government will shortly declare a public health emergency. News media outlets are also reporting that there are rumors of sustained community outbreaks occurring in other parts of the world and, as a result, the World Health Organization (WHO) will convene next week to discuss whether to raise the worldwide pandemic alert level.

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DISCUSSION QUESTIONS

RESPONSE CAPABILITIES

Note: The term *community* in these questions can mean a community, a city, or a county, depending on your hospital's location and setup.

Situation 1: *The Centers for Disease Control and Prevention (CDC) has activated its Emergency Operations Center (EOC). The United States government has declared a public health emergency. The World Health Organization (WHO) has signaled that a global pandemic of novel influenza virus is underway.*

Questions:

- Does your hospital's pandemic influenza response plan describe ways of responding based on information disseminated by CDC, other United States government agencies, or WHO? If so, what response modes does your plan dictate based on information disseminated by these entities?
 - Does your hospital's pandemic influenza response plan prescribe responses based on actions taken by CDC, the United States government, or WHO? If so, what responses does your plan describe based on actions taken by these entities?
 - Does your pandemic influenza response plan describe responses based on actions taken or information disseminated by state or local entities? If so, who are these state or local entities? What responses does your plan describe based on actions taken or information disseminated by these state or local entities?
 - Are there other agencies that trigger your responses? If so, who are these agencies? What actions or information triggers your response?
-

Situation 2: *You activate your hospital's pandemic influenza response plan.*

Questions:

- How is it communicated throughout your hospital to personnel?
 - To whom or to what department(s) in your hospital is the alert initially communicated?
 - Who communicates this alert to your local public health and/or emergency management agency?
 - If so, to whom do you communicate it?
 - How do you communicate it?
 - Who is responsible for officially activating your hospital plan?
 - What are the criteria that trigger its activation?
-

- Who is responsible for deactivating it?
 - What are the criteria that trigger its deactivation?
 - In conjunction with your hospital's pandemic influenza plan, does your hospital have a continuity of operations (COOP) plan? If so, please describe it.
 - In conjunction with your hospital's pandemic influenza plan, does your hospital have a succession plan (i.e., a process for identifying and developing internal personnel with the potential to fill key or critical organizational positions)? If so, please describe it.
-

Situation 3: *Your state/region has not seen any cases of the novel influenza virus until recently. Now cases are being reported across the state/region.*

Questions:

- What surveillance protocols are described in your pandemic influenza plan for monitoring those patients coming into your hospital with symptoms of pandemic influenza virus or the possibility of exposure to pandemic influenza virus?
 - What agencies and organizations outside of your hospital do you coordinate with to monitor for cases of pandemic influenza virus?
 - If a case of pandemic influenza is suspected or confirmed in your hospital, to whom internally and externally would this case be reported?
 - What departments within your hospital do you coordinate with to monitor for cases of pandemic influenza virus?
 - How would it be reported?
 - If you are monitoring your hospital for other diseases or infections (such as hepatitis, meningitis, or Methicillin-resistant *Staphylococcus aureus* [MRSA]), will you continue to monitor for them during a pandemic influenza outbreak?
 - Is there a point at which you would stop monitoring for them? If so, what would be the circumstances/scenario that would cause you to stop monitoring for these diseases or infections?
-

Situation 4: *The pandemic influenza virus is being reported in other parts of your state and neighboring states has evolved into a highly pathogenic strain. Your state has declared a statewide public health emergency. As this virus moves into your area, your community health department has declared a public health emergency and has activated its Emergency Operations Center (EOC) and its Incident Command System (ICS).*

Questions:

- In the face of a public health emergency, does your hospital's pandemic influenza plan prescribe an incident management structure? If so, describe this structure, including its chain of command, the staff who would make up its key components, and their roles and responsibilities.
 - How does your hospital's incident management structure interact with external EOCs and ICSs?
 - What information is shared between your hospital and these EOCs/ICSs?
-

Situation 5: *A highly pathogenic pandemic influenza virus is now in your state and community. Public health emergencies have been declared at the state and local levels. In spite of efforts by your community's health department to slow the progress of the disease, it is rapidly spreading throughout your community. As a result, the number of people presenting in your hospital Emergency Department (ED) with influenza-like symptoms is rapidly increasing, as is the number of citizens who have no influenza-like illness symptoms but are worried about exposure to the disease.*

Questions:

- Does your hospital have a plan for managing a surge of patients? If so, how would this plan be used to manage the surge of patients in this situation?
 - How would you triage patients in this situation? What would be the patient flow through your hospital?
 - What infection control measures would you prescribe in these situations?
 - What steps would you take to keep the "worried well" from presenting at your hospital?
 - What steps would you take to keep the "mildly ill" from presenting at your hospital?
 - At what point would your hospital be unable to manage a surge in patients in the ED?
 - What alternative strategies have you identified to avoid such a situation?
 - How do you direct the public to comply with these alternative strategies?
-

- At what point would your hospital be unable to manage a surge in patients in your Intensive Care Unit (ICU)?
 - What alternative strategies have you identified to avoid such a situation?
 - How do you direct the public to comply with these alternative strategies?
 - At what point would your hospital be unable to manage a surge in patients admitted to a hospital unit?
 - What alternative strategies have you identified to avoid such a situation?
 - How do you direct the public to comply with these alternative strategies?
 - If a state or local public health emergency had not been declared, how would your answers to the above questions change?
-

Situation 6: *Your hospital has admitted many confirmed cases with a highly pathogenic pandemic influenza virus.*

Questions:

- What infection control practices do you prescribe for your hospital staff?
 - How do you monitor your staff for exposure to the pandemic influenza virus?
 - What infection control practices do you prescribe for visitors to your hospital?
 - Do you have a policy to limit visitors during such a scenario? If so, please describe this policy.
-

Situation 7: *A highly pathogenic influenza virus is quickly sweeping across the country. As a result, disease management recommendations are changing, including infection control recommendations.*

Questions:

- How does your hospital monitor infection control recommendations? How often?
 - Who monitors these recommendations?
 - How are new recommendations communicated within your hospital?
 - To whom are they communicated?
 - Who monitors your hospital's supply of personal protective equipment (PPE) to ensure that you have an adequate supply of what is being recommended?
 - How do you monitor your hospital's supply of PPE?
 - If a new type of PPE that your hospital does not stock was recommended, what steps would you take to secure this PPE?
 - How would you train staff on the use of new PPE?
 - Who would conduct this training?
-

Situation 8: *In addition to pandemic influenza, a different respiratory illness is presenting in your community. In order to differentiate between the two diseases, specimens should be collected and tests should be performed.*

Questions:

- How do you collect specimens for testing?
- Who tests your specimens?
- Do you have a back-up service/laboratory to test your specimens?
- If you send your specimens to an offsite laboratory, how are they transported to the laboratory?
- How and to whom are testing results reported?
- How do you know that the test results are accurate and reliable?
- Who interprets and explains the test results?
- How do you ensure that your hospital keeps an adequate stock of testing supplies on hand for such a scenario?
- How does your hospital document and track specimen testing?

Situation 9: *Your hospital is experiencing the same absenteeism rate as the general public and private sector (approximately 40%). As a result, you find yourself understaffed.*

Questions:

- Does your hospital have a continuity of operations plan (COOP) that prescribes protocols for managing such a reduction in your workforce? If so, please describe these protocols.
- Does your hospital have a succession plan that identifies individuals to fill critical management roles in the absence of hospital decision makers? If so, please describe this plan.
- Has your hospital identified a reserve of medical and non-medical volunteers to work in your hospital in such situations? If so, please describe this reserve of workers and their roles and responsibilities.
- Does your hospital have agreements with other hospitals for sharing workers? If so, please describe these agreements.
- In this scenario, which hospital would have priority rights to shared workers? Why?
- Does your hospital have a plan to provide basic infection control training to volunteers?

- Does your hospital have a plan to provide essential services during such a situation? If so, please describe this plan.
-

Situation 10: *A highly pathogenic pandemic influenza virus in your community is particularly affecting those under 20 and over 70, regardless of pre-existing health conditions. In spite of all available medical interventions, the mortality rate for these two groups is high (approximately 80%). In addition, your community is experiencing a hospital surge that is 150-175% above the previous year's volume.*

Questions:

- Given this scenario, how would your hospital's standard of care for these two groups change?
 - How would you communicate these altered standards of care to your staff?
 - How would you communicate these altered standards of care to the public?
 - What mental health interventions are available for your hospital workers to manage stress arising from the enactment of these altered standards of care?
-

Situation 11: *You learn that one of your hospital's custodial workers with family members at home ill with the pandemic influenza virus is present at work due to financial obligations.*

Questions:

- What is your hospital's plan to encourage employees to work during a crisis, such as an influenza pandemic, when they may not want to work even though they are not ill?
- What incentives do you have in place to encourage persons from not working when they are ill or potentially infectious?
- What is your hospital's plan to monitor for ill staff? Who monitors them?
- What actions are taken with staff who are ill, but still working?
- If an outbreak of influenza is identified in a particular department or group of hospital personnel, what is your hospital's plan to manage the outbreak and the personnel?
- Are antivirals a part of your plan to manage ill staff? If so, please describe the plan. (For example, does the occupational/employee health protection plan describe who will receive post-exposure prophylaxis with antivirals.)

Situation 12: *In a worst-case scenario, your hospital is overwhelmed. You are experiencing a huge reduction in staff and an increase in people seeking care. Other hospitals, healthcare facilities, and public health departments are experiencing the same effect. You are about to reach the point where you must turn people away from your hospital, even if doing so violates legal acts such as the Emergency Medical Treatment and Active Labor Act (EMTALA).*

Questions:

- Has your hospital addressed such a scenario? If so, how was the scenario addressed?
 - Have you considered what conditions need to be met for your hospital to apply for a CMS 1135 waiver (i.e., during a public health emergency)?
 - What other regulations would your hospital seek to relax?
 - Who has the authority to suspend these legal requirements?
 - What is the process for suspending legal requirements in an influenza pandemic?
 - How long does it take to get a legal suspension of these requirements?
-

Situation 13: (For non-pediatric facilities/general hospitals) *The pandemic influenza virus in your community is heavily impacting children under the age of 12. Pediatric primary care providers are being overwhelmed with pediatric cases and are now directing parents to take their sick children to a hospital for evaluation, testing, or treatment. As a result, local pediatric hospital facilities/EDs are overwhelmed and recommending that children above the age of 7 go to other hospitals. This recommendation is causing a sudden surge in pediatric cases in your ED.*

Questions:

- Does your hospital's pandemic influenza plan account for a surge in pediatric cases at your hospital? If so, please describe how your hospital will manage this surge.
- Does your hospital have the capability of converting hospital units into pediatric units? If so, how will you manage this conversion?
- Does your hospital have unused space to convert into pediatric units? If so, please describe this space and your plan to convert it?
- Does your hospital have enough trained personnel to manage a surge of pediatric patients? If not or if more staff is needed, where would you find additional pediatric staff? What training could you offer existing or new staff? How would this training be conducted and by whom?
- Does your hospital have a communication plan that coordinates communication between your hospital and healthcare/medical providers and public health in your

community? If so, what information would be communicated to primary care providers who are directing pediatric patients to your ED?

- Would your hospital ask your community health department for assistance in coordinating pediatric care? What type of assistance would this be (e.g., messaging, other strategies)?

Situation 14: (For pediatric hospitals) *The pandemic influenza virus in your community is heavily impacting children under the age of 12. Pediatric primary care providers are being overwhelmed with pediatric cases and are now directing parents to take their sick children to your hospital for evaluation, testing, or treatment. As a result, you are seeing a sudden surge in pediatric cases in your ED. You are about to reach the point where you cannot admit any more pediatric patients.*

Questions:

- Does your hospital's pandemic influenza plan account for incidents in which your hospital cannot admit any more pediatric patients? If so, please describe what steps your hospital would take in such an incident.
 - Does your hospital's pandemic influenza plan coordinate with other hospitals or healthcare facilities in your community to take in pediatric patients when your hospital has reached the point of diversion? If so, please describe what steps your hospital would take to divert pediatric cases and to where they would be diverted.
 - What communication channels are in place to coordinate the diversion of pediatric patients to other hospitals or healthcare facilities?
 - How would pediatric cases be transported from your hospital to these other hospitals or healthcare facilities? What are the legal requirements for this transport? What are the medical requirements for this transport?
-

RESOURCE AVAILABILITY

Situation 1: *Your hospital does not have enough beds for the patients who are being admitted.*

Questions:

- Does your hospital have a plan for increasing its bed capacity? If so, describe this plan.
 - What access does your hospital have to physical beds?
 - What agreements does your hospital have with other hospitals for patient transfer?
 - What alternative strategies can your hospital employ to increase bed capacity?
 - What outside agencies or vendors can you reach out to for assistance with beds/cots or other supplies?
 - What protocols do you have in place to both procure from and reimburse vendors for the services or supplies they provide in an emergency? (Are these different from your standard procedures?)
-

Situation 2: *As the influenza pandemic continues, your hospital begins to experience shortages in resources necessary to treat your patients. You are now faced with a shortage of ventilators.*

Questions:

- Does your hospital have an ethical framework for allocating/rationing scarce resources? If so, please describe this plan.
 - Does this plan include withholding of care? If so, please describe it.
 - If not, should it?
 - If not, why not?
 - Does this plan include withdrawal of care? If so, please describe it.
 - If not, should it?
 - If not, why not?
-

Situation 3: *A vaccination to prevent pandemic influenza infection has been made available, but in a limited supply. There is not enough for all of your hospital employees.*

Questions:

- Does your hospital have a plan that outlines vaccination priorities? If so, describe the group or groups of employees who will receive priority vaccinations.
 - What is your vaccine protocol (for example, screening and tracking) for your hospital's employees?
 - What is your policy with regard to employees who refuse vaccination or other medical interventions?
-

Situation 4 : *An antiviral drug that prevents and treats pandemic influenza infection also is available, but in a limited supply. There is not enough for all of your hospital employees.*

Questions:

- Does your hospital have a plan that outlines antiviral priorities (e.g., prevention vs. treatment)? If so, describe the group or groups of employees who will receive antivirals.
 - What is your antiviral protocol (for example, screening and tracking) for your hospital's employees?
 - What is your policy with regard to employees who refuse antiviral drugs or other medical interventions?
-

Situation 5: *In addition to a vaccine that has been made available, an antiviral drug that prevents and treats pandemic influenza infection also is available. A supply of the vaccine and antiviral large enough for all of your employees is onsite. Supplies also are available for the general public. However, rumors of shortages in the general public's supply of the vaccine and antiviral are circulating. People are flocking to your hospital demanding the vaccination and antiviral drug.*

Questions:

- Given this scenario, what security measures would your hospital enact?
 - How will you guarantee your employees safe ingress and egress to and from your hospital?
 - How will you keep them safe from potential violence?
 - How will you keep your supply of antivirals and vaccines secure?
 - What methods will you use to communicate the actual situation to the public?
-

Situation 6: *The federal government prescribes the following personal protective equipment (PPE) for personnel interacting with suspect or confirmed cases of pandemic influenza: gloves, gown, eye shield, mask, and N95 respirator.*

Questions:

- Do you have an adequate stock of this PPE on hand at your hospital?
- If not, do you have a contracted vendor to provide these to you in a timely manner?
- Can this vendor supply PPE to your hospital outside of its "normal" schedule?
- For those employees who already have N95 respirators, are they fit tested? If so, how often are they fit tested?
- If a new type of respirator was recommended, do you have a plan to quickly supply your hospital with this respirator? If so, please describe this plan.
- Do you have a plan for fit testing a new respirator? If so, please describe this plan.
- How long would it take your hospital to fit test its personnel with a new respirator?
- Who would manage this task?

Situation 7: *In order to decrease the possibility of exposure of employees and patients in your hospital, you set up a triage tent and a point of dispensing (POD) in your hospital's parking lot. This triage tent and POD are being staffed by volunteers.*

Questions:

- What access do you have to medically trained volunteers?
- What access do you have to non-medically trained volunteers?
- Do you have agreements in place to access these volunteers?
- What additional resources do you need to plan for to support the triage tent (e.g., portable toilets, chairs, and water)?
- How do you educate volunteers about hospital policies, procedures, and expectations?
- How will you credential these different types of volunteers? For example, how will you issue identification badges to licensed healthcare workers and other volunteers?

Situation 8: *You have set up a triage tent and a point of dispensing (POD) in your hospital's parking lot that are being staffed by volunteers. You must provide these volunteers the same personal protective equipment (PPE) as your hospital employees who are working in the same environment (e.g., gloves, gown, eye shield, mask and N95 respirator).*

Questions:

- Do you have a stockpile of PPE large enough to meet this need?
- What types of PPE do you stockpile?
- What are your criteria for distributing PPE?
- How do you track the number of PPE distributed?
- Do you have a procedure to rapidly fit test N95 respirators for volunteers?
- How do you verify that these volunteers already have been fit tested for the type of respirator your hospital uses?
- If your hospital obtained PPE from the Strategic National Stockpile (SNS) and this PPE included respirators for which your employees and volunteers had not been fit tested, do you have a plan to address the distribution, use and fit-testing of this brand? Can you describe this plan?

Situation 9: *Your hospital administrator asks you to report the number of antiviral drugs you have dispensed and the number of vaccinations you have given. He/she also wants to know your remaining supplies of antiviral drugs and vaccines.*

Questions:

- How do you track the amount of antiviral drugs given and the amount remaining?
 - How do you track the amount of vaccine given and the amount remaining?
 - Who maintains this information and in what format (e.g., electronic data or hard copy)?
 - Will this information be routinely shared with other people, such as hospital executives or public health representatives?
 - How will it be shared?
-

Situation 10: *Your hospital is overflowing with volunteers and patients. With the increase in human resources and patients comes an increased need for essential services.*

Questions:

- What is your plan to manage increased waste, both general and medical?
 - What is your plan to manage an increased need for food?
 - Do you stock enough linen to cover a surge in beds?
 - Will you alter the frequency of bed change (i.e., linen turnover)?
-

Situation 11: *The pandemic influenza virus in your community is heavily impacting children under the age of 12. You have admitted more pediatric patients, but are running short on pediatric equipment and supplies.*

Questions:

- Does your hospital's pandemic influenza plan provide for securing pediatric equipment and supplies during a pandemic or other emergencies in which your hospital might experience a surge in pediatric cases?
 - Does your hospital have a vendor that can provide pediatric equipment and supplies? If so, can this vendor provide equipment and supplies outside a routine delivery schedule?
 - Does your hospital's vendor provide pediatric equipment and supplies to other hospitals in your community? If yes, have you determined whether this vendor can meet your supply and equipment needs in addition to the other hospitals' needs during an influenza pandemic or other emergency?
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NEXT STEPS

As pointed out in the Overview section, the objectives of this guide are, through group discussion, to (1) identify issues associated with response capabilities and resource availability of community hospitals when responding to an influenza pandemic and (2) develop strategies to address these issues. It also was pointed out that flowing from these two objectives would be a third objective that would be to incorporate identified strategies into community pandemic influenza preparedness or response plans. While this objective will be accomplished outside of the scope of this discussion guide, the first step to achieving this third objective is to issue a written report of group discussions. This report should include the following:

1. Compilation of group discussions.
2. Identification of issues in response capabilities and resource availability.
3. Identification of strategies for addressing these issues.
4. Identification of a person (or persons) responsible for maintaining the pandemic influenza preparedness plans.
5. Identification of next steps for implementing the identified strategies and the persons responsible for these next steps.

Once this report is issued, those responsible for maintaining the pandemic influenza preparedness or response plans can make the suggested corrections or improvements.

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CONCLUSION

The use of this discussion guide can stimulate thought and promote discussion on pandemic influenza preparedness and response. Several key issues should have been identified as well as strategies for addressing them. These strategies should be documented in a written report and incorporated into your community's pandemic influenza preparedness and response plans.

However, pandemic influenza planning is an ongoing process. Discussions should continue, whether within the framework of this discussion guide or in a more formal setting. The overarching planning goal is continued improvement, with planning adjustments made as needed. Communication and training should also be considered.

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